

Wisconsin District Family Camp Staff Application

Department you desire to work in: Kitchen Dishwashing Canteen Dorm Counselor (must be 21) Grounds
 Other: _____

Due Date: 6/17/11

All requests subject to approval by administration.

Is Department Head/Staff Manager aware that you are coming? Yes No

ALL STAFF WORKING IN THE KITCHEN, CANTEEN OR GROUND'S AREAS ARE REQUIRED TO HAVE STURDY CLOSED TOED SHOES IN ACCORDANCE WITH REGULATIONS OF THE WI DEPARTMENT OF HEALTH.

PLEASE PRINT

Last Name _____ First Name _____ Age _____ Spouse (if attending) _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Pastor _____ Home Church _____

In case of emergency, please contact: _____ Phone _____ Cell Phone _____

Date you will be available to begin working:

_____ Please understand that you will be required to stay until the manager of the department you are working in is satisfied that the job/area you are working in is ready for the next camp.









ACCOMODATIONS REQUESTED:

- MEN'S STAFF DORM
- LADIES STAFF DORM
- ADULT ROOM (limited availability)
- TENT SITE
- TRAILER SITE WITHOUT A/C HOOK UP
- TRAILER SITE WITH A/C HOOK UP

Please list any immediate family members you will be bringing to camp. Only immediate family members under the age of 18 will be covered if you are a staff member.

1) _____ Age _____ 3) _____ Age _____
 2) _____ Age _____ 4) _____ Age _____

PLEASE CHECK WHAT YOU ARE BRINGING: (if applicable)

1  <input type="checkbox"/>	2  <input type="checkbox"/>	3  <input type="checkbox"/>	4  <input type="checkbox"/>	5  <input type="checkbox"/>	6  <input type="checkbox"/>	7  <input type="checkbox"/>	8  <input type="checkbox"/>
--	---	--	--	--	--	--	--

Special Requirements: (ie..length of trailer, etc) _____

NOTE: ALL camp staff must fill out an authorization for criminal record check and background questionnaire prior to being accepted as camp staff. The two above mentioned forms must be mailed with this application & health screen form to:
 WI District Camp, Attn: Jennifer Opheim, PO Box 688, Beloit, WI 53512-0688
 ALL camp staff must see the camp nurse for a Health screen **and** have a health form on file.
 Contact Sis. Jennifer Opheim with questions. 608-362-5715 or opeyj2@aol.com

Camp Rules: I and all those listed on this form, if able, have read and agree to abide by the camp rules and staff guidelines as listed above.

Application must be received by: 6/17/2010 Signed: _____ Date: _____

Pastor's Authorization: ALL registration forms must be signed by a pastor affiliated with the Wisconsin District UPCI before this form will be accepted by the registrar. Any changes made to this form must be initialed by the pastor or be approved by direct communication with the camp registrar.

The above mentioned person is associated with our church and has my recommendation to attend the Wisconsin District Camp as staff.

I am confident this person will be able to fulfill the duties of the requested position.

Mail to: WI District UPCI Camp Registrar
 PO Box 688
 Beloit, WI 53512-0688

Pastor Signature: _____ Date: _____

AUTHORIZATION FOR CRIMINAL RECORD CHECK

I hereby authorize any person making inquiry on behalf of the Wisconsin District UPCI Camp, P.O. Box 688, Beloit, Wisconsin, 53511 to obtain any information from police departments and any other criminal justice agencies relating to any criminal record. This information may include, but is not limited to, arrest and conviction records. I hereby direct you to release such information upon request, whether favorable or unfavorable, to any representative of the above-named institution presenting this authorization or a photocopy or facsimile copy of it. In order to assist in the compilation of this information, I hereby give the following information:

Last Name: _____
First Name: _____ **Middle Name:** _____
Maiden Name (if applicable): _____
Date of Birth: _____ **Place of Birth** _____
Aliases if any _____
Driver's License Number: _____ **State:** _____ **Expiration Date:** _____
Social Security Number: _____

I hereby release any individual, including record custodians, from any and all liability for damages, of whatever kind or nature, which may at any time result to me an account of compliance, or any attempts to comply, with this authorization. This authorization shall be void six months from the date of execution.

A photocopy or facsimile copy of this document and any signature shall be considered for all purposes as an original.

Date _____ Signature _____

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____.

Personally Known _____ OR Produced Identification _____.

Type of Identification Produced _____.

My Commission Expires:

Notary Signature

Printed Signature

WI District Camp Staff Background Questionnaire
Please print using black or blue ink.

Last Name: _____ Suffix: _____

First Name: _____ Middle Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

1. Have you ever been charged with committing a crime? _____ yes _____ no
2. Have you ever been convicted of committing a crime? _____ yes _____ no
3. Have you ever been investigated by any governmental agency for any form of abuse whatsoever? _____ yes _____ no
4. Have you ever been accused of abuse of any kind by anyone? _____ yes _____ no
5. Has anyone in your immediate family ever been investigated for child abuse or accused of abuse of any kind? _____ yes _____ no If yes, explain: _____

6. Has your driver's license ever been suspended? _____ yes _____ no
If so, why? _____

7. Are you willing to sign an authorization for us to check your background? _____

If you answered yes to any of the above questions please use this space to explain the circumstances.

Signature: _____ Date: _____